

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 2, 2015

Ms. Catherine Rooney, Manager  
Harvey House Ltd  
1860 Main Street  
Castleton, VT 05735-7709

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 6, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota, RN". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Pamela M. Cota, RN  
Licensing Chief

PRINTED: 10/19/2015  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/06/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARVEY HOUSE LTD

1860 MAIN STREET  
CASTLETON, VT 05735

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site re-licensing survey to assess compliance with Residential Care Home Licensing Regulations was completed on 10/6/15 by the Division of Licensing and Protection. The following regulatory violations were found.	R100		
R182 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that all oral solutions administered to residents for health management had written signed physician orders approving the solution used by the home. (This practice potentially affects all 7 residents of the home, (#1 - #7). Findings include:  Per observations during a tour of the kitchen on 10/6/15 at 10 AM, a bottle containing a 'natural recipe', made by the home's owner, and used by residents for relief of cold symptoms, was observed on the pantry shelf. The bottle was not labeled and dated, as required. The bottle also failed to list the ingredients. The owner stated s/he had made the solution approximately 4 days prior to the date of survey.  The owner/Administrator (ADM) stated that all of the physician providers were aware of, and	R182		

The glass jar containing the cough syrup (on label) with the ingredients listed on label have been removed. I will pursue all dr's approval (written) before allowing residents to have any more.

The removal was done on 10/16/15

10/29/15 per T.C. ADM will monitor POC for compliance, M. P. L. R. N.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8809

UVFR11

If continuation sheet 1 of 4

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NAME OF PROVIDER OR SUPPLIER  HARVEY HOUSE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 1860 MAIN STREET CASTLETON, VT 05735		
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R162	Continued From page 1  approved of the use of the solution to treat cold symptoms. There was no documentation in the medical records related to physician(s) approval and orders for the use of the syrup solution by the residents, per interviews with the ADM at 10:15 AM. The ADM stated that he/she would obtain written approval and orders for use of the solution for each resident. The owner also confirmed that s/he would store the solution in the refrigerator, labeled and dated, per safe food handling practice.	R162		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and	R179	We (the nursing) are rewriting the inservice sheet by writing in the training for 7 mandated trainings on each sheet to be done by each staff each year instead of inservice by each month. This way regardless of when staff has arrived they will receive the mandated service trainings required  11/6/15 10/19/15 Per T.C., ADM, will monitor for compliance. May Balth, RN	

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R179	Continued From page 2  (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all 5 of 5 sampled direct care staff had completed the 7 VT required annual trainings, as part of the annual trainings presented for the previous 12 month period. Findings include:  Per review of the training records for the previous 12 month period, (11/7/14 - 10/6/15), none of the 5 staff care givers had completed all of the VT required trainings. Three of the 5 care givers had completed 2 of the mandated trainings; the other care givers had not completed any of the VT required annual trainings. These results were confirmed with the ADM at 2:15 PM.	R179			
R243 SS=C	VII. NUTRITION AND FOOD SERVICES  7.1.c. (2)  Supplemental nourishment (snacks) shall be offered to residents before their hour of retiring and between meals.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to offer snacks to the residents in the morning and in the evening before their hour of retiring for all residents of the home. (Residents # 1 - 7). Findings include:  Per review of the current posted resident menus	R243			

Division of Licensing and Protection  
STATE FORM

6889

UVFR11

If continuation sheet 3 of 4

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R243	Continued From page 3  on 10/6/15, the residents were provided only one snack each day, given in the afternoon hours. There was no snack offered between breakfast and lunch and no snack offered after dinner, before retiring for the night. The menus also failed to include any fresh fruit offerings for snacks for those residents who might enjoy a healthy alternative to crackers and cookies. These concerns were confirmed during interviews with the caregiver and the ADM.	R243	At the 10am coffeebreak we will now offer a fruit or cracker item. At the 2pm snack we will offer a fruit or cookie item At 7-730 pm will offer a fruit or cookie item before 8pm medication 11/1/15 10/29/15 Per T.C., ADM will monitor for compliance. Ming Balth, RN		
R250 SS=D	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that outdated food items were removed from current supplies and removed from the facility. Findings include:  Per observations of the kitchen areas during the tour of the home, 2 boxes of a nutritional drink, Boost, were dated 6/13/15. Per interview with the caregiver, the Boost drink was used for one of the previous residents. During interview, the ADM confirmed that no one is assigned the task of checking the pantry and food supply areas for outdated foods on a regular basis.	R250	The outdated item was removed 10/6/15. Every Monday + Thursday 7-3 staff will go thru pantry / fridge to check for outdated supplies 10/29/15 10/29/15 per T.C. ADM will monitor for compliance. Ming Balth, RN		